# 45110000011M

(Requestor's Name)				
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800256660688

02/13/14--01022--012 \*\*160.00

TILED

14 FEB 13 PM 12: 12

SELKE JAK JOF STATE

FEB 1 8 2014

T. BROWN

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Zayo Colocation, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Charles Forst			
Name of Person			
Zayo			
Firm/Company			
400 Centennial Parkway, Suite 200			
Address			
Louisville, CO 80027			
City/State and Zip Code			
charles.forst@zayo.com			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Charl	es	-ors	t
-------	----	------	---

,303

854-5210

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1 Zayo Colocation, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
<sub>2.</sub> Delaware <sub>3.</sub> 52-2255974
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 400 Centennial Parkway, Suite 200
Louisville, CO 80027
(Street Address of Principal Office)  6. 400 Centennial Parkway, Suite 200
Louisville, CO 80027
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Ken desGarennes, Mgr. VP & CFO, Scott Beer, Mgr. & Sec., Daniel Caruso, Mgr. & CEO
400 Centennial Parkway, Suite 200
Louisville, CO 80027
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are train aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in £817.155, F.S.)

Typed or printed name of signee

Ken desGarennes

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  Zayo Colocation, LLC					
If unavailablo, the	alternate to be used in the state	of Florida is:			
2. The name and	the Florida street address of the	registered agent and office are:			
C T Corporation System					
	()	Name)	<del></del>		
1200 South Pine Island Road					
Florida Street Address (P.O. Box NOT ACCEPTABLE)			<del></del>		
Р	lantation	33324			
•	Ci	ity/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Hiede M. Road

Hiedi M. Liesch Assistant Secretary

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZAYO COLOCATION, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2014.

3230910 8300

140154208

AUTHENTICATION: 1123174

DATE: 02-10-14

You may verify this certificate online at corp.delaware.gov/authver.shtml